

**To:** Miller, Johanna[Miller.Johanna@epa.gov]  
**From:** Ackerman, Joyce  
**Sent:** Thur 8/13/2015 5:09:18 PM  
**Subject:** FW: Abandoned Mine Release into Animas River - Health & Safety Training, and Medical Surveillance

-----Original Message-----

From: Atencio, Kathie  
Sent: Thursday, August 13, 2015 11:05 AM  
To: Cristiano, Gina; Ackerman, Joyce  
Subject: FW: Abandoned Mine Release into Animas River - Health & Safety Training, and Medical Surveillance

What we talked about on the call today.

-----Original Message-----

From: Nakatsu, Jason  
Sent: Thursday, August 13, 2015 10:39 AM  
To: Chavez, Luke; Atencio, Kathie  
Subject: FW: Abandoned Mine Release into Animas River - Health & Safety Training, and Medical Surveillance

fyi

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From: Kovak, Brian  
Sent: Thursday, August 13, 2015 10:19 AM  
To: OARM-OA-SHEMD-SHEMPMGRS  
Cc: NAR HS Workgroup  
Subject: FW: Abandoned Mine Release into Animas River - Health & Safety Training, and Medical Surveillance

SHEMP Mgrs,  
FYI- I have asked the Removal program to make sure they don't deploy non-field staff or RSC members to ER's without either having a current medical clearance or going through the expedited medical clearance procedure we had set up with SHEMD and FOH previously. It seems to be inconsistent across the regions, probably because some may not have participated in this procedure in the past. They should also be current on field safety training as needed.

Thanks,  
Brian

Brian Kovak  
Safety, Health and Environmental Management Official US EPA, Office of Solid Waste and Emergency Response Environmental Response Team Edison, NJ  
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-----Original Message-----

From: Kovak, Brian  
Sent: Thursday, August 13, 2015 11:26 AM  
To: OSWER OEM REMOVAL MANAGERS  
Cc: Carpenter, Wesley; Cheatham, Reggie; Woolford, James

Subject: FW: Abandoned Mine Release into Animas River - Health & Safety Training, and Medical Surveillance

RM's,

I am recommending to the Regions that they only deploy their staff in support of an Emergency Response Incident, that already have a medical clearance from participating in our Occupational Medical Surveillance Program, or that they receive an expedited medical clearance from their local Federal Occupational Health (FOH) clinic. I had initially set this program up with SHEMD in 2005, during our Hurricane Katrina response, specifically for Regional Support Corps (RSC) members and non-field employees who volunteer or are asked to assist with an emergency response incident. Some regions are either not following this practice consistently, or are only doing so for field workers (sampling, air monitoring, etc) and not for all employees being deployed to work with the field Incident Management Team (IMT). In addition, they should have field safety training for the activities they will be involved in (24 hr basic field safety or 40 hr Hazwoper training). I am working with the Regional SHEMP Managers, SHEMD and FOH to address and resolve this issue.

Thanks,  
Brian

Brian Kovak  
Safety, Health and Environmental Management Official U.S. EPA, Office of Solid Waste and Emergency Response Environmental Response Team Edison, NJ  
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From: Kovak, Brian  
Sent: Thursday, August 13, 2015 9:36 AM  
To: Nakatsu, Jason  
Cc: Krueger, Roy; Gomez, Kendra; Woodlee, Jeff; Beasley, Craig; Wynn, David; Greenberg, Marc  
Subject: Re: Abandoned Mine Release into Animas River - Health & Safety Training, and Medical Surveillance

After reviewing our RSC procedures and discussions with David Wynn in SHEMD, I highly recommend that we require that all EPA employees being deployed to work in support of an Emergency Response either already be enrolled in our Occupational Medical Surveillance Program and medically cleared for field work, or if not, they undergo an expedited medical clearance through FOH as setup under our RSC program.

Once an EPA employee leaves the regional office to participate in an Incident Management Team in the field, we no longer have control over their work activities. In a fast paced ER situation, they can be reassigned on site or asked to assist in other duties or field work locations by the Incident Commander or their Section Chief in support of the ER mission. Therefore, they need to have a medical clearance. We have had situations during past ERs with non-field employees having underlying medical conditions, stress issues and being not physically or medically suited for the high stress environment and demands of working in an IMT during an ER. The expedited medical clearance will help assure we are taking the necessary steps to protect our employees prior to deploying them.

During DeepWater Horizon, BP hired locals to work on the oil spill clean-up with no medical screening. I am aware of 3-4 fatalities that occurred with these workers from off hour heart attacks and strokes most likely due to the stress and rigors of working the long 14 hour days under adverse conditions. We should not and can not place our employees in a similar situation. I will work with SHEMD and FOH to get the expedited medical clearance streamlined and setup quickly across the regions as needed. Inform your senior managers of the need to have this program implemented prior to deploying your staff to the field.

Thanks,  
Brian

Brian Kovak  
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